

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>		10/3/00
O.I.P.E. CLASSIFIER		21	10/11/00
FORMALITY REVIEW	S B	2C 895	11-03-00
RESPONSE FORMALITY REVIEW	Z R H	7C 895	03-27-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	5/11/00
2	✓	✓	5/11/00
3	✓	✓	5/11/00
4	✓	✓	5/11/00
5	✓	✓	5/11/00
6	✓	✓	5/11/00
7	✓	✓	5/11/00
8	✓	✓	5/11/00
9	✓	✓	5/11/00
10	✓	✓	5/11/00
11	✓	✓	5/11/00
12	✓	✓	5/11/00
13	✓	✓	5/11/00
14	✓	✓	5/11/00
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Best Available Copy

If more than 150 claims or 10 actions
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